

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		
Full Name of Payee <b>Shorr Johnson Magnus</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 14 / 2016		
Mailing Address 100 N 20th St Ste 201			Amount 17973.01		
City Philadelphia		State PA	Zip Code 19103-1454		Transaction ID : VN7GBA1CYX8
Purpose of Expenditure Media Production Costs - Estimate		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Ted Strickland			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: OH
Calendar Year-To-Date Per Election for Office Sought			3938643.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>SKDKnickerbocker</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 14 / 2016		
Mailing Address 1150 18th St NW Ste 800			Amount 16614.26		
City Washington		State DC	Zip Code 20036-3845		Transaction ID : VN7GBA1CPA2
Purpose of Expenditure Media Production Costs - Estimate		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Margaret Hassan			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought			3342409.88		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34587.27		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Rebecca Lambe			[Electronically Filed]		Date MM / DD / YYYY 06 / 16 / 2016